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## APPLICANTS

Jack D. Stewart, Doylestown, PA;

Joseph E. Hanusey JR., Doylestown, PA;

\*\* CONTINUING DATA \*\*\*\*\*

Non COA 2/17/05

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

Non COA 2/17/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

## ADDRESS

22227  
 SPERRY ZODA AND KANE  
 SUITE D  
 ONE HIGHGATE DRIVE  
 TRENTON , NJ  
 08618

## TITLE

Method for testing parts for leaks

FILING FEE  RECEIVED 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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